



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

REQUEST FOR CONTINUED EXAMINATION; RESPONSE TO OFFICE ACTION
MAILED FEBRUARY 9, 2005

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant respectfully requests continued examination. Please amend the case as follows.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 9 of this paper.

06/06/2005 SCHAPMAN 00000002 501505 09785080
01 FC:1202 50.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09785080

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 41 minus 20 = | 21 |
| INDEPENDENT CLAIMS | 3 minus 3 = | — |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

D-1 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|----|---|------------------|
| | Total | 44 | Minus | — 41 — 3 |
| | Independent | 3 | Minus | — 3 — |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| SMALL ENTITY TYPE | OR | OTHER THAN SMALL ENTITY | | |
|----------------------|--------|----------------------------|-----------|---------|
| RATE | Fee | RATE | Fee | |
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| XS 9= | | OR | XS18= | 371.00 |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL | | OR | TOTAL | 1088.00 |

| SMALL ENTITY | OR | OTHER THAN SMALL ENTITY | | |
|--------------------|------------------------|----------------------------|------------------------|--|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE | |
| XS 9= | 27.00 | OR | XS18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDT. FEE | | OR | TOTAL ADDT. FEE | |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|----|---|------------------|
| | Total | 45 | Minus | — 44 — 1 |
| | Independent | 3 | Minus | — 3 — |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|----|---|------------------|
| | Total | 45 | Minus | — 44 — 1 |
| | Independent | 3 | Minus | — 3 — |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|--|---|------------------|
| | Total | | — | — |
| | Independent | | — | — |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|---|--|---|------------------|
| | Total | | — | — |
| | Independent | | — | — |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.
** If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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